

County: Waupaca  
 GREENTREE HEALTH/REHABILITATION CENTER  
 70 GREENTREE ROAD

Facility ID: 3890

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CLINTONVILLE 54929 Phone: (715) 823-2194  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 61  
 Total Licensed Bed Capacity (12/31/01): 68  
 Number of Residents on 12/31/01: 54

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 57

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		29.6
Supp. Home Care-Personal Care	No					1 - 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.7	More Than 4 Years		20.4
Day Services	No	Mental Illness (Org./Psy)	31.5	65 - 74	3.7			-----
Respite Care	Yes	Mental Illness (Other)	5.6	75 - 84	38.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.7	95 & Over	11.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	9.3	65 & Over	96.3	-----		
Transportation	No	Cerebrovascular	16.7		-----	RNs		9.5
Referral Service	No	Diabetes	3.7	Sex	%	LPNs		11.8
Other Services	Yes	Respiratory	11.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.8	Male	25.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	74.1			37.3
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	3	100.0	277	34	91.9	95	0	0.0	0	14	100.0	130	0	0.0	0	0	0.0	0	51	94.4
Intermediate	---	---	---	3	8.1	79	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		37	100.0		0	0.0		14	100.0		0	0.0		0	0.0		54	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	10.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	1.9	55.6	42.6	54
Other Nursing Homes	3.8	Dressing	5.6	63.0	31.5	54
Acute Care Hospitals	85.0	Transferring	13.0	63.0	24.1	54
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	18.5	37.0	44.4	54
Rehabilitation Hospitals	0.0	Eating	66.7	22.2	11.1	54
Other Locations	1.3	*****				
Total Number of Admissions	80	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	7.4	Receiving Respiratory Care		20.4
Private Home/No Home Health	50.0	Occ/Freq. Incontinent of Bladder	61.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	1.2	Occ/Freq. Incontinent of Bowel	44.4	Receiving Suctioning		0.0
Other Nursing Homes	8.3			Receiving Ostomy Care		1.9
Acute Care Hospitals	7.1	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	14.8	Receiving Mechanically Altered Diets		33.3
Rehabilitation Hospitals	0.0					
Other Locations	10.7	Skin Care		Other Resident Characteristics		
Deaths	22.6	With Pressure Sores	9.3	Have Advance Directives		98.1
Total Number of Discharges (Including Deaths)	84	With Rashes	1.9	Medications		
				Receiving Psychoactive Drugs		90.7

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 Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities %	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	84.4	82.5	1.02	86.4	0.98	85.8	0.98	84.6	1.00
Current Residents from In-County	90.7	74.3	1.22	69.6	1.30	69.4	1.31	77.0	1.18
Admissions from In-County, Still Residing	16.3	19.8	0.82	19.9	0.82	23.1	0.70	20.8	0.78
Admissions/Average Daily Census	140.4	148.2	0.95	133.4	1.05	105.6	1.33	128.9	1.09
Discharges/Average Daily Census	147.4	146.6	1.01	132.0	1.12	105.9	1.39	130.0	1.13
Discharges To Private Residence/Average Daily Census	75.4	58.2	1.30	49.7	1.52	38.5	1.96	52.8	1.43
Residents Receiving Skilled Care	94.4	92.6	1.02	90.0	1.05	89.9	1.05	85.3	1.11
Residents Aged 65 and Older	96.3	95.1	1.01	94.7	1.02	93.3	1.03	87.5	1.10
Title 19 (Medicaid) Funded Residents	68.5	66.0	1.04	68.8	1.00	69.9	0.98	68.7	1.00
Private Pay Funded Residents	25.9	22.2	1.17	23.6	1.10	22.2	1.17	22.0	1.18
Developmentally Disabled Residents	0.0	0.8	0.00	1.0	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	37.0	31.4	1.18	36.3	1.02	38.5	0.96	33.8	1.10
General Medical Service Residents	14.8	23.8	0.62	21.1	0.70	21.2	0.70	19.4	0.76
Impaired ADL (Mean)	54.8	46.9	1.17	47.1	1.16	46.4	1.18	49.3	1.11
Psychological Problems	90.7	47.2	1.92	49.5	1.83	52.6	1.73	51.9	1.75
Nursing Care Required (Mean)	8.3	6.7	1.25	6.7	1.24	7.4	1.12	7.3	1.14